Algorithm 1: Suggested guidelines for treatment of *Clostridium difficile*- infections - 1st Episode

1. **Suspicion of *C. difficile* infection (diarrhea or other clinical signs)**
   - History of prior use (up to 10 weeks) or concurrent use of antimicrobials or chemotherapy agents
     - No
       - Look for other cause
     - Yes
       - Order assay for *C. difficile* toxin
         - Negative
           - Repeat assay, treat if positive only
         - Positive
           - Discontinue causative antibiotics (if feasible)
           - Restore fluids & electrolytes as needed
           - Avoid antiperistaltic agents (loperamide, diphenoxylate, opiates)

2. **Is diarrhea mild, moderate-severe or life-threatening?**
   - Mild
     - If causative antibiotics stopped, consider no treatment
     - Is patient able to tolerate po meds?
       - Yes
         - **Metronidazole 250mg po QID or 500mg po TID X 7-10 days**
       - No response after 3 days
         - Change to **Vancomycin 125mg po QID X 7-10 days**
       - If pregnant (1st trimester)/nursing or no response after 3 days consult ID
   - Moderate-severe
     - **Vancomycin 500mg po QID + Metronidazole 500mg IV Q8H X 7-10 days**
     - Consider Vanco enema, if po or NG route not feasible
     - (Assess pts Metronidazole and Vancomycin allergy status first)
   - Life-threatening
     - Vancomycin 500mg po QID + Metronidazole 500mg IV Q8H X 7-10 days

3. **Is patient allergic or unable to tolerate metronidazole?**
   - **Metronidazole 500mg per NG or IV Q8H X 7-10 days**
   - If pregnant (1st trimester)/nursing or no response after 3 days consult ID

4. **Is patient pregnant (1st trimester) or nursing?**
   - No
     - **Metronidazole 500mg per NG or IV Q8H X 7-10 days**
   - Yes
     - **Vancomycin 125mg po QID X 7-10 days**

*** NO OTHER AGENT SHOULD BE USED FOR THE FIRST EPISODE, ONLY METRONIDAZOLE AND/OR VANCOMYCIN ***